



Metropolitan Nashville Planning Department

Metro Office Building
800 Second Avenue South
P.O. Box 196300
Nashville, TN 37219-6300
www.nashville.gov/mpc

Voice: 615.862.7190
Fax: 615.862.7130
E-mail: planningstaff@nashville.gov

2016Z-058PR-001

Zone Change Application

The METROPOLITAN COUNCIL requires all information shown on the checklist below. It is strongly recommended you contact the district councilmember about your zone change application, prior to submitting it to the Planning Dept.

Application No. _____
(Assigned by Planning Department staff)

Date Submitted: _____

Associated cases: ☐ PUD ☐ General Plan Amendment ☐ Subdivision ☐ Mandatory Referral

Map	Parcel(s) <small>If portion, use "part of parcel...."</small>	Current Zoning	Requested Zoning	# of Acres
71-14	45	IND	MUL-A	.31
71-14	46	IND	MUL-A	.31
Total Acres				

Reason(s) for this zone change request: Rezone industrial property to mix use

Community Plan Consistency (to be completed by applicant):

#3 Bordeaux - Whites Creek - Transect 4, mixed use
Community Plan # (1-14) Land Use Policy (e.g. Residential Low Medium)

CONTACT INFORMATION

NOTE: All correspondence will be e-mailed to both the property owner and surveyor. If the property is owned by a corporation, LLC, LLP, company, etc. then you'll need to submit a letter on company letterhead or documentation that the individual is authorized to act on behalf of the entity with regard to this particular application. **You must fill-in all information --- fields are not optional.**

PROPERTY OWNER #1

Property Owner's
Name: Jarred McNeal

Address: 1105 Sharpe Ave

City: Nashville State: TN Zip: 37206

Phone: 615-944-1417 ☐ business ☐ home ☒ cell

Phone: 615-750-2441 ☒ business ☐ home ☐ cell

Fax: _____ ☐ business ☐ home

E-mail: jmcneal@echoconstruction.com

PROPERTY OWNER #2

Property Owner's
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ ☐ business ☐ home ☐ cell

Phone: _____ ☐ business ☐ home ☐ cell

Fax: _____ ☐ business ☐ home

E-mail: _____

Owner

Signature: _____

Print Name: Jarred McNeal

Owner

Signature: _____

Print Name: _____

APPLICANT

Applicant's
Name: Jarred McNeal

Company
Name: Echo construction

Address: 1105 Sharpe Ave

City: Nashville State: TN Zip: 37206

Phone: 615-750-2441 ☒ business ☐ home ☐ cell

Phone: _____ ☐ business ☐ home ☐ cell

Fax: _____ ☐ business ☐ home

E-mail: JMcNeal@Echoconstruction.com

Applicant
Signature: _____

Print Name: _____

Checklist

- | | |
|----------|--|
| <u>✓</u> | Application filled-out completely |
| <u>✓</u> | Authorization letter on company letterhead for corporation, LLC, LLP |
| <u>✓</u> | Map showing property to be rezoned |
| _____ | Application fee |
| _____ | Trustees - disclosure of all beneficiaries |
| _____ | Proof of payment of all delinquent property taxes |

Application Fee: \$1,400.00

Accepted by: _____ Date: _____